



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Hogsett	First Name Joseph	Middle Name H.	Nickname Joe	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. Mailing Address 133 East Market Street, #190			5. FAX (Optional) ( )	6. E-mail Address (Optional) joe@joehogsett.com
7. City Indianapolis	State IN	ZIP Code 46204	8. County Marion	9. Telephone (Day) (317) 777-4325
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Mayor of Indianapolis	

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Hogsett for Indianapolis				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 133 East Market Street, #190			15. FAX (Optional) ( )	16. E-mail Address (Optional) info@joehogsett.com
17. City Indianapolis	State IN	ZIP Code 46204	18. County Marion	19. Telephone (317) 777-4325
20. Committee Organization Date (MM-DD-YY) 08-13-2014				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Cordelia Lewis Burks				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 2943 Kenwood Avenue			23. FAX (Optional) ( )	24. E-mail Address (Optional) clewisburks1237@aol.com
25. City Indianapolis	State IN	ZIP Code 46208	26. County Marion	27. Telephone (Day) (317) 590-6511
28. Telephone (Evening) ( )				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) National Bank of Indianapolis				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Explore a campaign for Mayor of Indianapolis			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Robert Lazard		Signature of the Committee Chairperson <i>Cordelia Lewis Burks</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Robert Lazard		
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3815 River Crossing Parkway, Suite 300		35. FAX (Optional) ( )
36. E-mail Address (Optional) bob.lazard@crowehorwath.com		
37. City Indianapolis	State IN	ZIP Code 46240
38. County Marion	39. Telephone (Day) (317) 706-2633	40. Telephone (Evening) (317) 416-3914

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Robert Lazard</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Cordelia Lewis Burks	Signature of Chairperson <i>Cordelia Lewis Burks</i>	Date (MM-DD-YY) 08-13-14
43. Typed or Printed Name of Candidate Joseph H. Hogsett	Signature of Candidate <i>Joseph H. Hogsett</i>	Date (MM-DD-YY) 08-13-14

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

*Charlotte A. White*

AUG 13 2014

**FILED**